


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br><br> | <b>Application/Control No.</b><br>09734988 | <b>Applicant(s)/Patent Under Reexamination</b><br>RESNICK ET AL. |
|   | <b>Examiner</b><br>Elda Milef              | <b>Art Unit</b><br>3694  |

| ORIGINAL                  |                                   |  |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|---------------------------|-----------------------------------|--|----------|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|--|--|
| CLASS                     |                                   |  | SUBCLASS |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |  |  |
| 705                       |                                   |  | 39       |  |  | G                            | O | 6 | Q | 40 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
| CLASS                     | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |
|                           |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |                              |  |                               |  |                                 |  |
| -  | 1        | -     | 17       | -     | 33       | -     | 49       | -     | 65       | 14    | 81       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 2        | -     | 18       | -     | 34       | -     | 50       | -     | 66       | 15    | 82       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 3        | -     | 19       | -     | 35       | -     | 51       | -     | 67       | 16    | 83       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 4        | -     | 20       | -     | 36       | -     | 52       | 1     | 68       | 17    | 84       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 5        | -     | 21       | -     | 37       | -     | 53       | 2     | 69       | 18    | 85       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 6        | -     | 22       | -     | 38       | -     | 54       | 3     | 70       | 19    | 86       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 7        | -     | 23       | -     | 39       | -     | 55       | 4     | 71       | 20    | 87       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 8        | -     | 24       | -     | 40       | -     | 56       | 5     | 72       | 21    | 88       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 9        | -     | 25       | -     | 41       | -     | 57       | 6     | 73       | 22    | 89       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 10       | -     | 26       | -     | 42       | -     | 58       | 7     | 74       | 23    | 90       |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 11       | -     | 27       | -     | 43       | -     | 59       | 8     | 75       |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 12       | -     | 28       | -     | 44       | -     | 60       | 9     | 76       |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 13       | -     | 29       | -     | 45       | -     | 61       | 10    | 77       |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 14       | -     | 30       | -     | 46       | -     | 62       | 11    | 78       |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 15       | -     | 31       | -     | 47       | -     | 63       | 12    | 79       |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 16       | -     | 32       | -     | 48       | -     | 64       | 13    | 80       |       |          |       |          |       |          |                              |  |                               |  |                                 |  |

|   |            |                              |                   |
|---|------------|------------------------------|-------------------|
| NONE  |            | <b>Total Claims Allowed:</b> |                   |
|   |            | 23                           |                   |
| (Assistant Examiner)                            | (Date)     |                              |                   |
| /ELDA MILEF/<br>Primary Examiner. Art Unit 3694 | 08/12/2011 | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)                              | (Date)     | 1                            | 1                 |